JOB ANNOUNCEMENT

Job Title: Library Assistant

Status: Permanent Full Time Position

(Required to work evening and weekend hours)

Salary: **Group 15 Step 1 - 5: \$11.50 to \$12.69/hour DOQ**

Open Date: **September 27, 2016** Closing Date: **Open until filled.**

Description:

Manages circulation services of the Library, responsible for coordinating inter-library loans, circulation, programming and volunteer activities. Position requires working evening and weekend hours.

Qualifications:

High School graduate, or its equivalent or any equivalent combination of experience and training which provides the required knowledge, skills and abilities. Two to three years of experience in public library services preferred, primarily in the area of circulation. Two to three years customer service experience required. Supervisory experience preferred.

Special Requirements:

Able to assist in budget preparations, count money, and make receipts. Able to apply knowledge of circulation, interlibrary loans, Dewey decimal system or reference procedures; operate a computer. Work required evening and weekend hours or other schedules as assigned.

Certificates/Licenses Required:

Valid Texas Drivers License, Class C

Content:

A City of Taylor Application is required for this position. Please send your application to:

Mail: Human Resources, City of Taylor, 400 Porter, Taylor, Texas 76574

Office: 400 Porter St., Taylor, Texas 76574

E-mail: csilva-gonzales@taylortx.gov

Or jobs@taylortx.gov

Website: www.taylortx.gov

Benefits: Health, Dental and Long Term Disability Insurance (*Employee coverage paid by the City*); 7% 1 ½ to 1 match retirement with Texas Municipal Retirement System; Social Security match; Paid holidays, vacation and paid sick days.

The City of Taylor is an *Equal Opportunity Employer*. Minorities are encouraged to apply.



JOB DESCRIPTION

Class No: 631 Job Title: Library Assistant

Pay Group: 15 EEOC Category: Office & Clerical

Date: September 20, 2016 FLSA Category: Non-Exempt

BRIEF DESCRIPTION OF THE JOB: Manages circulation services of the Library, works the Circulation Desk, responsible for administrative assistant duties, & volunteer activities. Position requires working evening and weekend hours.

ORGANIZATIONAL RELATIONSHIPS:

Reports to: Library Director

Directs: This is a supervisory position: oversees volunteers, student workers, supervises

the work of other circulation staff and acts as person in charge in absence of

Library Director and Technology Librarian.

Other: Has contact with other City departments & employees, vendors, schools,

daycares, organizations, and the general public. Performs administrative assistant functions such time cards, cash deposit, purchase orders, billing,

scheduling, supervision of student workers & volunteers.

ESSENTIAL DUTIES:

This is a description of the way this job is currently performed; there is potential for accommodation.

Description of Work	Av.	Strength*	Physical
	% of		Demand Code*
	Time		
Acts as lead person at the Circulation Desk. Provides	40%	L-M	ABCEFGHI
quality customer service to the general public, City staff,			JKLMNPQ
and all other work contacts. Ensures proper organization			R S
of collection and work areas. Operates the automated			
library system to register patrons, assists patrons in			
checking out & returning materials. Provides assistance			
to patrons using computers. Assists in annual inventory			
projects and other collection maintenance projects.			
Explains library policy and procedures, handles patron			
complaints.			
Perform administrative assistant tasks such as, but not	25%	L	BIQRS
limited to: reports & statistics, scheduling, management			
of projects, time entry, deposits, vendor relations,			

10%	L	BDGHIQ
5%	L	ABCDEFG
		HIJKLMNP
		QRS
5%	L	ABCEFGHI
		JKLMNPQ
		R S
5%	S	BDEFGHI
		QRS
5%	L	ABCDEFG
		HIJKLMNP
		QRST
5%	S-L	ALL CODES
	5% 5% 5%	5% L 5% S 5% L

PHYSICAL DEMANDS:

1. Overall Strength Demand					
Sedentary _X_ Lig	ght to Medium	_Heavy Very Heavy			
2. Frequency for each physical demand listed in Essential Duties:					
F_A. Standing F_B. Sitting F_C. Walking F_D. Lifting F_E. Carrying O_F. Pushing/Pulling	C_G. Reaching C_H. Handling F_I. Fine Dexterity F_J. Kneeling O_K. Crouching	RL. Crawling RM. Bending ON. Twisting CON. Twisting RON. P. Balancing	C_Q. VisionC_R. HearingF_S. TalkingT. Foot ControlsU. Other		

C-Continuously, F-Frequently, O-Occasionally; R-Rarely

3. Description of Physical Demand

Physical Demand	Description
STANDING/WALKING	To assist patrons in locating and selecting materials; to assist at circulation desk; to assist in shelving books
SITTING	Primary work position to perform most tasks related to materials processing
LIFTING/CARRYING	Single books (1 to 20 lbs); stacks of books

PUSHING/PULLING	To push/pull book carts (up to 200 lbs. of exertion when full); to
	push/pull heavy books on or off shelf
REACHING	To access books on high shelves (standard stacks are 5'5" or 6'6"
	high)
HANDLING/FINE	Handling books & other materials; processing of materials; repair
DEXTERITY	of materials; operation of a computer; write and operate a
	calculator.
CROUCHING/BENDING	To access books on low shelves; to sort books onto carts while
	working at circulation desk; to shelve books on low shelves;
	maintain equipment.
CLIMBING/BALANCING	To access books and/or shelve books on high shelves using a step
	stool (standard stacks are 5'5" or 6'6" high)
TWISTING	Shelve books from cart to shelf and from shelf to cart
VISION	For all aspects of job; to shelve books, to work at circulation desk,
	to operate computer
HEARING/TALKING	To communicate with patrons, city staff and other library staff

NON-PHYSICAL DEMANDS:

 \underline{O} irregular schedule/overtime \underline{C} working closely with others as part of a team \underline{R} danger/physical abuse \underline{F} performing multiple tasks simultaneously

<u>F</u> frequent change of tasks _ other (describe below)

 \underline{R} varying periods of idle time interspersed with emergencies requiring intense concentration C-CONSTANTLY(2/3 or more of the time), F-FREQUENTLY (1/3 TO 2/3 of the time), O-OCCASIONALLY (up to 1/3 of the time), R-RARELY (Less than 1 hour per week)

EQUIPMENT, MACHINES, TOOLS, AND WORK AIDS:

Computer, copier, printer, microfilm reader/printer, scanner, typewriter, telephone, fax, barcode reader/wand.

ENVIRONMENTAL FACTORS AND SAFETY HAZARDS:

Exposure to molds and dust

KNOWLEDGE AND ABILITIES:

Knowledge of: Public library operations

Library services and basic research materials,

Intermediate computer skills, MS Office, Internet & social media

Library organization and the Dewey Decimal system.

Ability to: Provide high quality customer service,

Provide reference & research services to library patrons,

Work as a team with coworkers & other City of Taylor employees, Read policy, reports, memoranda, and current literature, Write memos, agendas, and reports, maintains statistics, Provide assistance with the Library's automated card catalog Work required evening and weekend hours or other schedules as assigned.

ACCEPTABLE EXPERIENCE AND TRAINING:

High school graduate, or its equivalent or any equivalent combination of experience and training which provides the required knowledge, skills, and abilities.

Two to three years of experience in public library services preferred, primarily in the area of circulation. Two to three years customer service experience required. Supervisory experience preferred.

CERTIFICATES/LICENSES REQUIRED:

Valid Texas Drivers License, Class C

I acknowledge that I have read and understand the duties and demands required of this position
and further affirm that I can perform them as described with or without accommodations. This job
description does not constitute an employment agreement and is subject to change as deemed
appropriate by the City of Taylor.

Applicant or Employee:		
Printed Name	Signature	Date



PERSONAL DATA

CITY OF TAYLOR APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574

Phone: (512)352-5993 www.taylortx.gov

If you need assistance in completing this employment application, please inquire at the Human Resources Office. The City conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodations (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Human Resources Office in writing when you submit your application.

			FOR OFFIC	E USE ONLY
(LAST NAME)	(FIRST NAME)	(INITIAL)	Received	Ltr sent
			Refs chkd	Bkgd ck
(STREET ADDRESS, RFD, P.	O. BOX)		Interview	Hired
(CITY)	(STATE)	(ZIP CODE)		
Phone Numbers:()		Social Security Number_		
Email Address:	P	osition(s) Applied for		
Date you would be availab	ole to start work?		_	
Check type of work you ar	re seeking:	ılar Temporary	☐ Part time	☐ Full time
Have you ever filed an app	olication with the City of T	Taylor before? ☐ Yes ☐	No If yes	s, when?
Have you ever been emplo	oyed here before?	□ Yes □ No	If yes, when	?
Are you related to any per If yes, list name and relation				_
Minimum Salary Requesti	ng \$per			
Name of School Attended	City/State	Dates Attended From To		oloma or Degree eived

SKILLS: List any additional special skills you may have (computer software, special equipment, languages, etc.)

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on a separate sheet of paper. Attach additional sheets or resume if needed. May we contact your present employer? \square Yes \square No Employer **Employed From:** To: **Employer Address Starting salary Ending Salary** Job Title Supervisor and Phone no. **Summary of job duties** Reason for leaving **Employer Employed From:** To: **Employer Address Starting salary Ending Salary** Job Title Supervisor and Phone no. Summary of job duties Reason for leaving Employer **Employed From:** To: **Employer Address** Starting salary **Ending Salary** Job Title Supervisor and Phone no. Summary of job duties Reason for leaving

Employer	Employed From:	То:
Employer Address	Starting salary	Ending Salary
Job Title	Supervisor and Phone no.	
Summary of job duties	Reason for leaving	
Employer	Employed From:	То:
Employer Address	Starting salary	Ending Salary
Job Title	Supervisor and Phone no.	
Summary of job duties	Reason for leaving	
Employer	Employed Enoma	To
Employer	Employed From:	То:
Employer Address	Employed From: Starting salary	To: Ending Salary
Employer Address	Starting salary	
Employer Address Job Title	Starting salary Supervisor and Phone no.	
Employer Address Job Title Summary of job duties	Starting salary Supervisor and Phone no. Reason for leaving	Ending Salary
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Employer Address Job Title Summary of job duties	Starting salary Supervisor and Phone no. Reason for leaving	Ending Salary
Employer Address Job Title Summary of job duties Employer	Starting salary Supervisor and Phone no. Reason for leaving Employed From:	Ending Salary To:
Employer Address Job Title Summary of job duties Employer Employer Employer Address	Starting salary Supervisor and Phone no. Reason for leaving Employed From: Starting salary	Ending Salary To:
Employer Address Job Title Summary of job duties Employer Employer Address Job Title	Starting salary Supervisor and Phone no. Reason for leaving Employed From: Starting salary Supervisor and Phone no.	Ending Salary To:

•	been convicted or	f a felony, mis	sdemeanor, or a	ny other crime	or been the subject of deferred
adjudication? □ Yes □ No If yes, give details below.					
applying requi- for employmer	res the operation of	of a motor veh ment or an on	nicle. Convictionission will disc	on will not resu qualify you. Th	ne position for which you are lt in your automatic disqualification ne seriousness of the crime, the date ed.)
Date of Offense	Type of	I	evel and Degree of Of	fense	Court Disposition (Convicted, Deferred Adjudication)
Month/Year	Offense	Felony	Misdemeanor	Other Crime	
Do you have a	current Texas Dri	iver's License	? □ Yes	□ No I	icense #
Do you have a Type of license					icense #

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

NAME	ADDRESS	PHONE	OCCUPATION	
AUTHORIZATION FOR RELEASE OF INFORMATION: I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge and I authorize any former employer to release to an authorized representative of the City of Taylor any and all employment records or other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents and verifying my identity and eligibility for employment. In addition, I understand that if selected for an interview, true copies of all degrees, certificates or licenses listed on this application will be required before an offer of employment can be made. A photocopy of this authorization shall be as valid as the original.				
I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.				
I understand that the City of Taylor may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with job requirements.				
I understand that offers of employment are conditioned upon my passing a Drug Screening.				
I understand that if hired, my employment would be for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time. All information is subject to verification and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge. The City of Taylor is an "at-will" employer and only written representations of offers made by the City of Taylor will be enforceable.				

Date:_____

Signature of Applicant:_____



CITY OF TAYLOR APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574Phone: (512)352-5993
www.taylortx.gov

EEOC STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunity for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

<u>PLEASE NOTE</u>: The information requested on this form will be used for <u>statistical reporting purposes only</u>. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become part of your personnel file if you are hired.

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below

ociow.			
SEX	Male Female		$\frac{AGE}{\Box} \text{ (in years)}$ $\frac{\Box}{\Box} \text{ Under 40}$ $\frac{\Box}{\Box} \text{ 40 and above}$
RACIA	AL/ETHNIC GROUP	HOW	/ DID YOU FIND OUT ABOUT THE JOB?
	Caucasian (Not of Hispanic Origin)		Posted Job Announcement in:
	Black (Not of Hispanic Origin)		Texas Employment Commission
	Hispanic Origin		Current Employee
	Asian or Pacific Islander		Friend
	American Indian or Alaskan Native		Newspaper(Name)
			Just walked in
			Other (specify)
DISA	BILITY		
Do y	ou have a disability?	□ No	
	s described as: 1) physical or mental impairment rment; or 3) being regarded as having such an impa		stantially limits a major life activity; 2) previous record of



CITY OF TAYLOR APPLICATION FOR EMPLOYMENT

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400 Porter Street, Taylor, Texas 76574 Phone: (512)352-5993 www.taylortx.gov

Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Taylor bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of Taylor and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

Written inquiries about criminal convictions will not automatically disqualify an applicant for a particular job and the type and seriousness of the crime, the frequency of violations, the applicants age at the time of conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's name (Print or Type)	Date
Applicant's signature	Social Security Number
Address	Phone



CITY OF TAYLOR APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

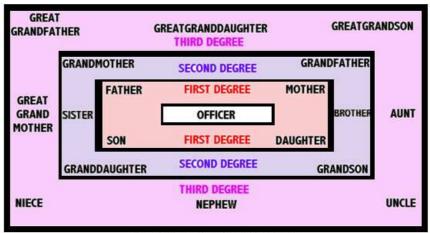
400 Porter Street, Taylor, Texas 76574

Phone: (512)352-5993 www.taylortx.gov

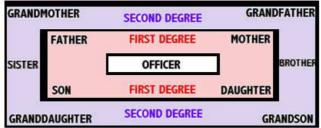
NEPOTISM CERTIFICATION

Applicant's Name
Position(s) Applying For:
No person may be employed by the City of Taylor who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the City Council, City Manager or to any employee who would supervise his or her job performance. (See the chart below.)
Are you or your spouse related by blood to any of the above parties or to your prospective supervisor in any way? \Box Yes \Box No \Box If yes, please explain

Nepotism Charts



CONSANGUINITY KINSHIP CHART



AFFINITY KINSHIP CHART

 Spouses of relatives within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, etc.) are also included in the prohibition.

Signature	Date
6 ———————————————	

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I,, acknown	, acknowledge that a Computerized Criminal			
APPLICANT or EMPLOYEE NAME (Please print)				
History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure				
Website and will be based on <u>name and DOB</u> identifiers I supply. (This is not a consent form.) Authority				
for this agency to access an individual's criminal history	data may be found in Texas Government	Code		
411; Subchapter F.				
Name-based information is not an exact search a	and only fingerprint record searches repr	esent		
true identification to criminal history, therefore the organization conducting the criminal history check is				
not allowed to discuss with me any criminal history record	d information obtained using this method	. The		
agency may request that I have a fingerprint search perfe	formed to clear any misidentification base	ed on		
the result of the <u>name and DOB</u> search. Once this p	process is completed the information or	n my		
fingerprint criminal history record may be discussed with me.				
In order to complete the process I must make a	n appointment with the Fingerprint Appl	licant		
Services of Texas (FAST) as instructed online at www	w.txdps.state.tx.us /Crime Records/Revie	ew of		
Personal Criminal History or by calling the DPS Program	n Vendor at 1-888-467-2080, submit a ful	l and		
complete set of fingerprints, request a copy be sent to the	agency listed below, and pay a fee of \$24.	.95 to		
the fingerprinting services company.				
(This copy must remain on file by your agency. Required for future DPS Audits)				
Signature of Applicant or Employee	Diogram			
	Please: Check and Initial each Applicable Space			
Date	CCH Report Printed:			
CITY OF TAYLOR		initia1		
Agency Name (Please print)				
KIM PETERSON	Purpose of CCH:			
Agency Representative Name (Please print)	Empl Vol/Contractor	initial		
	Date Printed:	initial		
Signature of Agency Representative	Destroyed Date:	initial		
	Retain in your files			
Date				